BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998									ibei					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAI TYP		ENTITY	OR	OTHER SMALL			
FOR NU				NUMBER FILED			NUMBER EXTRA			E	FEE		RATE	FEE
BASIC FEE						X -					380.00	OR		760.00
TOTAL CLAIMS			2 6 minus 20=			*8			X\$ 9	=		OR	X\$18=	144
INDEPENDENT CLAIMS			minus 3 = *					X39:	= .	,	OR	X78=		
MU	LTIPLE DEPEN	DENT	CLAIM PF	RESENT					+130	=		OR	+260=	
* If	* If the difference in column 1 is less than zero, enter "0" in column-2							į	TOTA				TOTAL	964
	CLAIMS AS AMENDED - PART II								OTHER TH					
		(Col	umn 1)			Column 2)	(Column 3)	_	SMAI	LL I	ENTITY	ОR	SMALL	
AMENDMENT A		REM	AIMS AINING TER NDMENT		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATI	E .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDME	Total	* 0	H.	Minus	**	20	= . 8		X\$ 9	=		OR	5 X\$18=	1440
AME	Ind pendent	*	-	Minus	**		-		X39=	=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130	_		OR	+260=		
			,			• .	i,	l	TO			OR	TOTAL	9016
	(Column 1) (Column 2) (Column 3)						ADDIT. FEE ADDIT. FEE						111970	
8		CL	AIMS			HIGHEST NUMBER		T		_	ADDI-		× 18	ADDI-
DMENT B		A	IAINING FTER NOMENT		Р	REVIOUSLY PAID FOR	PRESENT EXTRA		RATI	Ε	TIONAL FEE		RATE	TIONAL FEE
	Total		//	Minus	**	28_	=		X\$ 9	=		OR	X\$18=	
AMEN	ind pendent	* "		Minus	**		=		X39=	=		OR	X78=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	. 100		·		+260=		
•							•	ļ	+130			OR	TOTAL	
						•			ADDIT. F			OR	ADDIT. FEE	
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									4001		· ·	4001	
ENT C		REM A	IAINING FTER NDMENT		Р	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	٠.	RATE	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	· · · · ·	=		X\$ 9:	=		OR	X\$18=	- Se
AMENDMENT	Ind pendent	*		Minus	**		=	l	X39=			OR	X78=	
	FIRST PRESE	NTATIO	ON OF MULTIPLE DEPEN		DENT CLAIM		╽┟		┪			1000		
* If the ntry in column 1 is less than the entry in column 2, writ "0" in column 3.							L	+130: TOT			OR	+260=		
** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, ent r "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, nt r "3." ADDIT. FEE														
The "Highest Number Previously Paid F r" (Total r Independent) is the highest number found in the appropriat box in column 1.														

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	9	1444281	
•			

Total Fee Calculation

	rotal ree Calculation										
••	Fee Code	Total # Claims	Number Extra X	Fcc	Fee	-	Total				
Cor.	Sm./Lg.			Sm. Entity	Lg. Entity						
Basic Filing Fee	201/101				760	*					
Total Claims >20	203/103	28 -20 -	8 x		144						
Independent Claims >3	202/102		X			3					
Mult. Dep Claim Present	204/104										
Surcharge	205/105	•			130						
English Translation	139										
TOTAL FEE CALCULA	TION						1034				
Fees due upon filing t	ne application:										
Total Filing Fees Due	= \$	1034	/		-						
Less Filing Fees Subm	ined - \$	Ø		·		•	•				
BALANCE DUE	= \$	103	4		٠.						
P. N Office of Initial Patent	Examination	- 									
P. 1			<u> </u>								

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)